



QUESTIONS WITH NOTICE FROM MEMBERS

MEETING: Adults and Health Scrutiny Committee

MEETING DATE: 31 March 2022

AGENDA ITEM: 10	Report - Adults Social Care – Scorecard 2021/22
Q1	<p data-bbox="240 521 411 557">QUESTION</p> <p data-bbox="240 595 959 631">2) How effectively and quickly are we working?</p> <ul data-bbox="288 672 1445 947" style="list-style-type: none"> • 2.01, Contacts processed within 2 working days. The target is 80% and the percentage target appears to be decreasing. - Why is this and how can we help? • 2.03, The average amount of days taken to complete assessment (from allocated to complete,) the target is 28, and the number of days this is taking seems to be increasing. (In January it was 38 days.) – How is this now? What do officers feel is causing this to increase? <p data-bbox="240 974 421 1010">RESPONSE</p> <ul data-bbox="288 1050 1453 1928" style="list-style-type: none"> • 2.01 – The primary reason for contact targets decreasing is the increasing number of contacts we receive through the Prevention and Safeguarding Team. In particular safeguarding adult concerns. They are, by nature, more complex and take longer to process due to the need for detailed information gathering/fact finding. We have seen an increase in the number of safeguarding concerns sent in by providers (Care Homes/Domiciliary Care) which require more information gathering in order to appropriately apply our safeguarding thresholds to these concerns. We monitor the contacts that remain open so they are not left without oversight. • 2.03 – This KPI refers to the timescales between the first contact someone makes with ASC to the closure of an assessment. Whilst we aim to complete this process within 28 days there are several factors which can affect this KPI. In January we saw several assessments go over the 28 estimated timescale due to: <ul data-bbox="288 1608 1453 1928" style="list-style-type: none"> • The adults preferred date for visit being 1-2 weeks after they first rang to make a referral • The adult being in hospital so not being ready for us to assess • Multi-agency working with partner agencies prior to the assessment being started. • The complexity of the adults' care and support needs (requirement to wait for information from health partners) • This has reduced to an average of 20 days in Februarys most recent data.
Q2	<p data-bbox="240 1951 411 1986">QUESTION</p> <p data-bbox="240 2024 596 2060">3) Customer Outcomes</p>

	<ul style="list-style-type: none"> • 3.04, the target is 35%, but the need and demand for direct payments appears to be increasing. Why is the target lower if need is increasing or appears more? (From April – January the percentage was above the target percentage.) • 3.10, the overall satisfaction target is 90% and this appears to be decreasing (from July onwards,) Why is it felt this is? What could be done to help manage expectations from service users?
	<p>RESPONSE</p> <ul style="list-style-type: none"> • 3.04 – taken from a national average – this could be amended locally to aim for a higher percentage target for DPs. • 3.10 – We often work with very small numbers in this KPI so any slight average scoring will lower the satisfaction but quite a large percentage. We are considering the method of establishing feedback from adults we support at present to provide more qualitative feedback rather than the quantitative scoring system we use at present.
Q3	<p>QUESTION</p> <p>4) Safeguarding</p> <ul style="list-style-type: none"> • 4.01 and 4.02, Why are the numbers so different from the total safeguarding alerts to the ones that are processed? (Annually out of 430 alerts received, only 37 were processed.) I expect there is a simple and good reason for this. I just want to have better understanding of the reason behind this. • 4.09, for those who felt the desired outcome was fully or partially met, from November onwards, the percentage of those who would agree with this, is decreasing. Why is this? Is this a case of managing expectations, or is it more? <p>RESPONSE</p> <ul style="list-style-type: none"> • Whilst we respond to and oversee all safeguarding concerns/alerts, we apply a regional decision-making tool to ensure that the higher risk concerns progress to a formal safeguarding enquiry. This ensures that we only intervene via formal safeguarding procedures in the most serious cases of abuse and/or neglect and so this would generally be a much smaller proportion of cases out of the total concerns we receive (due to the breadth of safeguarding concerns we receive alerts for). In Rutland we do see a higher proportion of concerns (compared to national figures) to formal enquiries due in part to the oversight arrangement we have in place with our providers and our preventative approach. • This is another KPI in which we are working with very small numbers often no more than 4/5 people. Due to the nature of adult safeguarding we are not always able to meet an adults desired outcomes (as this can vary dependant on the type of abuse and/or neglect). Whilst we aim to support the person to achieve their outcomes it is not always possible as there are cases in which the need to protect/intervene is not in line with the persons wishes.
Q4	<p>QUESTION</p> <p>6) Housing</p>

- Are the number of new and live applications increasing? How is the demand of this looking currently? (6.11 and 6.14)

RESPONSE

- The number of new applications to join the housing register is steadily increasing, there are currently 272 live applications with an additional 44 at some stage of the-registration process (awaiting further information/proofs etc). There were 60 new applications in March 2022.
- There has been a rise in the number of approaches to the Housing Options prevention and homeless services with a rise in Section 21 notices, family/relationship breakdowns and notably, unaffordability issues where people are finding it increasingly difficult to cover the cost of rising monthly rental payments with the ever increasing cost of everyday necessities such as food, petrol and gas/electricity, this is likely to worsen moving forward. There has also been an increase in MARAC cases. All of these factors will impact the housing register and the number of applications.
- We are also seeing residents of the Women's Aid dispersal units applying to RCC for housing and due to these being domestic abuse cases there is a duty to house despite there being not being a 'local connection' to the area under the usual criteria.
- There are a number of households within Rutland that are acting as sponsors for Ukrainian families and individuals by providing accommodation. Should any of these arrangements break down for any reason there would likely be a homeless duty owed to the excluded Ukrainians which would entitle them to an eventual offer of Social Housing.